

Log#
Account#
Parcel#

Owner's name	Property Location		
Mailing Address	City	State	Zip
Telephone Number	Daytime Phone Number		
Name of agent representing owner (if applicable)	Agent's Telephone Number		

Basis For Requesting Review

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☐ I request an in-person hearing before the Board of Equalization.

☐ I do not wish to appear in-person. The Board of Equalization may make a decision based on the evidence submitted.

I certify that all statements here and before the Board are true, complete, and correct to the best of my knowledge. I understand that all information submitted to the Board, and the decision of the Board, are public record. If the Board is unable to make a decision prior to November 30th, I am still responsible to pay all the taxes due to avoid penalties and interest. If a refund is necessary it will include interest starting January 1st.

X _____
Signature of: ☐ Owner _____ Date _____
☐ Other: _____ (Authorization attached if signature is from someone other than the owner.)

Date Received _____ Appointment date and time _____

- ☐ Taxpayer was issued a "Notice of Intent to Dismiss the Appeal" on _____ and given ten (10) days to submit the necessary information. Documentation due on _____.

Complete each part of the application or it will be returned to you!
Attach all supporting documentation
Include a copy of your most recent Notice of Property Valuation and Tax Change
Must be received by September 15, 2008